



**Wilson Sonsini Goodrich & Rosati**  
PROFESSIONAL CORPORATION

RECEIVED  
CENTRAL FAX CENTER

NOV 02 2005

Date: 11/2/2005 4:25:00 PM

To: FilingDesk

Fax: 5712738300

From: Altman, Jennifer

Fax Contains: 3 pages (including this sheet). If incomplete, please contact sender.

**Subject:**

Appl No. 09/751,271; Filing Date 12/28/00; Attorney Ref. No 29912-701.201; Inventor C. Alfemess, et al.

**Palo Alto Headquarters**  
650 Page Mill Road  
Palo Alto, California 94304-1050  
Ph 650-493-9300  
Fx 650-493-6811

**New York**  
12 East 49th Street  
30th Floor  
New York, NY 10017-8203  
Ph 212-999-5800  
Fx 212-999-5899

**Salt Lake City**  
2795 East Cottonwood Parkway  
Suite 300  
Salt Lake City, Utah 84121-6928  
Ph 801-993-6400  
Fx 801-993-6499

**San Francisco**  
One Market, Spear Tower  
Suite 3300  
San Francisco, CA 94105-1126  
Ph 415-947-2000  
Fx 415-947-2099

**Austin**  
8911 Capital of Texas Highway North  
Westech 360  
Suite 3350  
Austin, Texas 78759-8497  
Ph 512-338-5400  
Fx 512-338-5499

**Reston**  
Two Fountain Square, Reston Town Center  
11921 Freedom Drive  
Suite 600  
Reston, VA 20190-5634  
Ph 703-734-3100  
Fx 703-734-3199

**San Diego**  
12235 El Camino Real  
Suite 200  
San Diego, CA 92130-3002  
Ph 858-350-2300  
Fx 858-350-2399

**Seattle**  
701 Fifth Avenue  
Suite 5100  
Seattle, WA 98104-7036  
Ph 206-883-2500  
Fx 206-883-2699

This fax may contain confidential and privileged material for the sole use of the intended recipient. Any review or distribution by others is strictly prohibited.  
If you are not the intended recipient please contact the sender and destroy all copies.

"Entire Transmission Copyright © 2005 Wilson Sonsini Goodrich & Rosati. All Rights Reserved."

NOV 02 2005

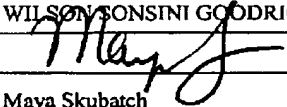
PTO/SB/21 (09-04)

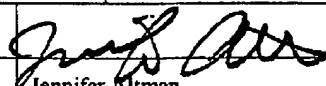
Approved for use through 07/31/2006. OMB 0651-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/751,271
	Filing Date	December 28, 2000
	First Named Inventor	Clifton A. Alfcrness, et al.
	Art Unit	Mitral Valve Constricting Device, System and Method
	Examiner Name	3743
Total Number of Pages in This Submission	2	Attorney Docket Number
		Kathryn P. Odland

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT		
Firm Name	WILSON SONSINI GOODRICH & ROSATI	
Signature		
Printed Name	Maya Skubatch	
Date	November 2, 2005	Reg. No. 52,505

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.		
Signature		
Typed or printed name	Jennifer Altman	Date November 2, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

NOV 02 2005

PTO/SB/01 (04-05)

Approved for use through 11/30/2005. OMB 0661-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY  
And  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	09/751,271
Filing Date	December 28, 2000
First Named Inventor	Alfemess et al.
Title	Mitral Valve Constricting Device, System and Method
Art Unit	3743
Examiner Name	Kathryn P. Odland
Attorney Docket Number	29812-701.201

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number: 021971

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

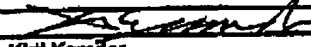
☒ The address associated with Customer Number: 021971

OR

<input type="checkbox"/> Firm or Individual Name			
Address			
City	State	Zip	
Country			
Telephone	Email		

I am the:

☐ Applicant/Inventor☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06).**SIGNATURE of Practitioner or Assignee of Record**

Signature			
Name	Kirti Kamdar	Date	10/24/05
Title and Company	Vice President, R&D for Cardiac Dimensions Inc.	Telephone	(425) 822-1080

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of one forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-0198 and select option 2.